

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 424

STATE FILE NUMBER 63-039367

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10269

20147

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

FILED NOV 12 1963

1. PLACE OF DEATH

a. COUNTY

Cole

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Jefferson City

Length of stay in 1b
2 yr. 1 mo.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Mo. State Penitentiary

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Callaway

c. CITY OR TOWN Rulton

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
314 West 9th Street

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED
(Type or print)

First Middle Last
William Earl Winscott

4. DATE OF DEATH
Month Day Year
November 6, 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐
Widowed ☐ Divorced ☒

8. DATE OF BIRTH

6/7/1906

9. AGE (last birthday)

57

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Unknown

10b. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (City and state or country)

New Bloomfield, Mo.

12. CITIZEN OF WHAT COUNTRY

United States

13a. FATHER'S NAME

Unknown

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give year or dates of service)
Yes Army 1923-26

17. INFORMANT

Mo. State Penitentiary

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Stab wounds of chest and abdomen

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a).

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Stab Wounds in cell

20c. TIME OF DEATH

about 8:15 p.m. 11/6/63

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
Cell

20f. CITY, TOWN, OR LOCATION

Jefferson City (Cole) Mo.

COUNTY

STATE

21. I attended the deceased from _____ to _____ and last saw her alive on _____
Death occurred about 8:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

22b. ADDRESS
Mo. State Prison Hospital
Jefferson City, Mo.

22c. DATE SIGNED

11/7/63

23a. BURIAL, CREMATION, OR OTHER (Specify)

Burial

23b. DATE

Nov. 8, 1963

23c. NAME OF CEMETERY OR CREMATORY

Longview Cemetery

23d. LOCATION (City, town, or county)

Jefferson City, Missouri

24. FUNERAL DIRECTOR

Tanner Funeral Home Jeff. City, Mo.

25. DATE RECD. BY LOCAL REG.

8 November 1963

26. REGISTRAR'S SIGNATURE

Norman Richter

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Omer H. Jones

Licensed Embalmer No.

4411

P. O. Address

Belle Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.